

III. MASSACHUSETTS REHABILITATION COMMISSION

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BACKGROUND AND MISSION

The Massachusetts Rehabilitation Commission was established in 1955 for the purpose of assisting persons with disabilities to secure gainful employment. The mission of the agency has been greatly expanded throughout the years. The Disability Determination Services Division was established in the early 1960's and the MRC Independent Living Services Division was developed in the 1980's.

Today, the purpose of the Massachusetts Rehabilitation Commission is to provide comprehensive services with and for people with disabilities that will maximize their quality of life and economic self-sufficiency in the community. This is accomplished through multiple programs in the three divisions of MRC: the Vocational Rehabilitation Services Division, the Independent Living Division and the Disability Determination Services Division.

Approximately 12% of the population have a disability; there are approximately 736,000 individuals with disabilities living in Massachusetts. The Massachusetts Rehabilitation Commission serves consumers with a range of disabilities and chronic diseases, including but not limited to orthopedic disabilities, psychiatric disabilities, substance abuse, learning disabilities, mental retardation, sensory disabilities and neurological disabilities, including paralysis caused by brain and spinal cord injury.

VOCATIONAL REHABILITATION DIVISION

- 1. 4120-1000 Administrative Services**
FY'98 Funding Base Year: \$304,501
FY'99 Funding: \$362,662
FY'2000 Funding: \$366,692
FY'2001 Funding: \$367,321
Total 3 Year Increase from FY'1998 Base: \$62,820

Increases from FY '98

FY 1999 \$ 58,161
FY 2000 \$ 4,030
FY 2001 \$ 629

The Massachusetts Rehabilitation Commission recommends that these amounts be allocated for the continued purpose of complying with the regulations in Title I of The Rehabilitation Act which prohibit Title I funds from being used to cover costs related to non-Title I federal programs. This would include positions for MRC Contracting, Legal and Personnel services provided to the MRC-IL Division.

The amount of \$250,000 would be utilized to offset federal administrative expenses for the agency's fully-funded state staff and services. These positions are currently federally funded although the majority of responsibilities are for administration of state programs.

- 2. 4120-2000 Public Vocational Rehabilitation Services**
FY'98 Funding Base: \$6,322,114
FY'99 Funding: \$6,405,313
FY'2000 Funding: \$7,408,666
FY'2001 Funding: \$7,520,413
Total 3 Year Increase from FY'1998 Base: \$1,198,299

Increases from FY '98

FY 1999 \$ 83,199
FY 2000 \$1,003,353
FY 2001 \$ 111,747

The MRC administers the Public Vocational Rehabilitation Program which assists people with disabilities to go to work. Presently, MRC serves over 36,000 people with disabilities annually, has 22,800 people in active vocational service plans, and will place over 4,800 people with disabilities in competitive jobs commensurate with their abilities this year.

Federal appropriations in FY'99 resulted in only a 2.4% increase in federal VR funds for Massachusetts. In federal FY 2000 we do not obtain an increase; in fact we were level funded from that of FY'99. These minute increases or level funding have not kept pace with the effects of collective bargaining increases the increased cost of services purchased for our consumers to go to work, and the double digit increase in demand for our services by consumers with significant disabilities.

The MRC has instituted a waiting list for consumers who need purchased services to go to work. This action is made necessary because of an increase of 2-3,000 people with disabilities in MRC's, and due to a lack of increased federal funding in recent years sufficient to keep pace with inflation and the increased customer demand.

The State Year 2000 budget recognizes these facts and appropriated an additional \$1 million in funds to assist in relieving some from the waiting list for services paid by the MRC Vocational Rehabilitation Program. In addition, the Board of Higher Education voted to waive state college tuitions for MRC Vocational Rehabilitation clients to attend community and state colleges operated by the Commonwealth. It is estimated that an additional \$1 million would keep the waiting list to be less than 1,000 consumers for a period of about two months.

The VR Program entered into an Order of Client Service Selection, which limits direct services to individuals deemed "significantly disabled", in 1997. Insufficient funding made it impossible for the agency to assure that VR services would be available to all individuals in the Commonwealth eligible for services. The federal dollar allotment to the MRC Vocational Rehabilitation Program for federal year 2001 and beyond will not be sufficient to allow the MRC to abolish the present Order of Client Service Selection. The lack of increased federal funding will result in a continued waiting list for Vocational Rehabilitation services paid by the MRC vocational program for the foreseeable future. A waiting list will affect all individuals with disabilities including those with the most significant disabilities. A waiting list will have a direct impact on the ability of individuals with disabilities in the Commonwealth to obtain work.

Special Services

The VR Services Program, which includes the Statewide Employment Services Department, has unique services for MRC Consumers. The VR Services Program provides assistance and information regarding SSI Work Incentives. The Social Security Administration, in cooperation with a MRC VRS counselor, can assist a consumer with phasing-out from the SSI and SSDI Programs. Over 300 people received this type of information in 1999.

The Van Modification Program, designed to assist eligible VRS consumers who are ready for employment, provides funds to adapt a van for their use. More than 50 VRS consumers benefited from this program in 2000. The Adaptive Housing Program contracts with an approved architect to design and arrange construction and/or modifications to the entrance and bathroom at the home of an eligible VRS consumer. More than 100 consumers were served in 2000.

Of course there are numerous VR Services provided on a continual basis. The VR Services Program provides Post Employment Services to a consumer who graduates from the Program and needs additional services to stay in the working world. Consumers who are non-English speaking can be served by VRS counselors able to speak their language or arrange for an interpreter.

Special services also focus on such unique populations as persons allergic to perfumes, cosmetics worn by others.

CONSUMERS SERVED-FACTS AT A GLANCE *(as of 2000)*

Consumers with open cases in the system	38,700
Consumers in active participation	26,300
Consumers still employed after one year	72%
Consumers satisfied overall with agency services	80%
Consumers who would recommend a friend to the agency	84%

RETURN ON INVESTMENT BY CREATING TAXPAYERS

- 4,900 citizens with disabilities were placed in employment last year.
- The earnings of these rehabilitated employees in MA have been increased by \$50 million.
- Federal and state taxes paid by these MA employees were estimated at \$5 million.
- Savings from the SSI and DI Trust Funds from people rehabilitated in MA in FY'2000 were \$17.5 million.
- For every VR dollar spent on services in MA, a consumer earns an \$11.30 increase in taxable earnings.

Our Consumers are Individuals with:

Psychological Disabilities	32%
Substance Abuse and Related Disabilities	21%
Orthopedic Disabilities	16%
Learning Disabilities	8%
Mental Retardation	6%
Deaf and Hard of Hearing	6%
Neurological Disabilities	3%
Traumatic Brain Injury	3%

What MRC Clients Have To Say about Vocational Rehabilitation Services

From a Western Mass. MRC Consumer

“I have been eligible for Rehabilitation Commission Services due to my mental disability. I wish to tell you of my favorable experience with the Pittsfield and Greenfield offices and thank you for the financial support I received this school year while I attended Greenfield Community College. I am truly grateful for the generosity your office has shown to me. It was money well spent; according to the Outdoor Leadership Program’s Coordinator I excelled in many areas to become one of the strongest students in my class. I would never have been able to attend school if it were not for your help. My new skills as an outdoor leader now complement my previous experience as a social worker for troubled youth and I am excited to begin this new part of my life.”

From a Northeast District MRC Consumer

“This letter is only a small expression of my gratitude to you and all the others at Mass. Rehab. Thank God for the safety net that is in place nationwide that provides vocational services and counseling.”

From a Nonprofit Provider – Partner with the MRC

“I have received MRC services in my life and I am grateful for the assistance that I have received. Human service work brings people back to productivity. I came back. These services worked for me.

If we want to create opportunities for other people like myself, we have to pay a good wage and stop the high turnover in human service work.

Let us show our respect for these workers by paying them a good wage.”

From an Employer on Cape Cod

“Richard was born in Brockton, Massachusetts in 1953 and currently resides in Boston’s North End. In 1980 Richard graduated from Boston College with a B.A. in Studio Arts. He began attending Gateway Crafts in July, 1998. Richard’s interest in sculpture was inspired by his earliest memories of the brilliance of Christmas ornaments and lights, his interest in watercolor from a delight with the variety of color in autumn leaves. To this day Richard’s favorite watercolorists are Charles Demuth and John Singer Sargent.

Richard’s work has been shown at the Fuller Art Museum in Brockton in 1974, at the Exhibition Hall of Boston College in 1980. His work was also included in *Shadows and Light: Recovered*

Dreams and The Presence of Art and Art as Presents at the Gateway Gallery in 1999 & 1998 respectively. Richard has been a client of MRC since 1990.”

3. 4120-3000 Employment Services
FY'98 Funding Base Year: \$6,822,092
FY'99 Funding: \$7,656,896
FY'2000 Funding: \$8,330,747 *
FY'2001 Funding: \$9,025,618 **
Total 3 Year Increase from FY'1998 Base: \$2,203,526

** Includes \$145,944 in provider salary increases*

*** Includes \$170,004 in provider salary increase*

Program Description:

This account provides employment supports to individuals in segregated and integrated settings in the community. The program models developed under this account include extended employment, and supported work/employment. The supports provided through these programs allow individuals to either move into integrated employment opportunities or obtain and maintain competitive employment while decreasing their dependence on public assistance.

Increases from FY'98

FY'1999 \$ 834,804
FY'2000 \$ 673,851*
FY'2001 \$ 694,871**

* (includes \$145,944 in providers salary reserve)

** (includes \$170,004 in providers salary reserve)

Accomplished Through Expansion:

The Massachusetts Rehabilitation Commission (MRC) and state employment providers were able to provide services to individuals with severe disabilities so that they can maintain their employment status and obtain more and better paying jobs in the community.

At the same time the MRC has been able to adjust provider rates to reflect real costs. This has resulted in more quality services with more people with disabilities coming off of public assistance. The workforce has increased from 1630 in FY'98 to 2025. We have been able to enroll 395 people from our employment services waitlist.

The MRC Employment Services Program was also successful in obtaining Federal Financial Participation (FFP) from Medicaid during the FY'2000 budget period, which is continuing in FY'01.

Ongoing Need

The employment services program continues to carry a waiting list of consumers in need of services. An additional \$1.5 million would address this need to serve 250 severely disabled individuals on the waiting list. By addressing this need we would continue to provide services to individuals with significant disabilities so that they can obtain and maintain employment while decreasing their dependence on public assistance with no significant waiting period.

INDEPENDENT LIVING DIVISION

- 1. 4120-4000 Independent Living Centers**
Funding FY'98 Base Year: \$1,598,770
Funding FY'99: \$2,498,770
FY'2000 Funding: \$3,281,770*
FY'2001 Funding: \$3,305,770*
Total 3 Year Increase from FY'1998 Base: \$1,707,000

***includes \$24,000 in provider salary increases**

Increases from FY '98(minus salary reserve)

FY '99	\$900,000
FY '00	\$759,000
FY '01	- \$0 -

Program Description:

The Independent Living Centers Program provides funding for 11 Independent Living Centers (ILC's) across the state of Massachusetts. The 11 ILC's provide consumer controlled and consumer delivered independent living skills training, peer counseling, information and referral, individual advocacy and a range of other services to individuals with severe disabilities to enable them to live in the community. In addition, the ILC's provide community education and systems advocacy on behalf of all people with disabilities for the communities to become accessible to all their citizens.

Accomplishment through Expansion

In FY'99 the ILC Program received a \$900,000 increase of which \$855,000 went to the ILC's to expand IL services. The increase was arrived at by the SILC through an allocation formula based on population and populations of persons with disabilities. For administrative purposes, \$45,000 was kept aside. This money was used for hiring a new staff person for State IL Contract Coordination (\$27,500 for 9 months), for one-time funding for the SILC (\$10,000) and for administrative charges including supplies, postage, phone, equipment lease, computer hardware/software as well as \$1,500 for staff travel and training. The ILC's served 9,333 consumers, an increase of 2,206 over the previous year.

In FY'00, the ILC Program received a \$783,000 increase over what they received the previous year. The largest part of this (\$320,000) was spent on upgrading assistive technology at the ILC's. The rest, because it came late in the year, was pro-rated for seven months based on a formula and divided among the ILC's. This money was used for, among other things, funding twenty new positions across the state, paying for a State IL Contract monitor, and starting a new ILC. MRC sponsored a 2-day training session for 55 ILC staff. Emphasis was placed this year on providing assistive technology for consumers and for staff working at ILC's.

In FY'01, the ILC's received no increase from the previous year but provided annualization of the previous year's funding for the ILC's including full year funding of a new ILC in the Roxbury/Dorchester/Mattapan area. FY'01 also includes salary reserve funds for the ILC staff.

In FY'02, the ILC's Program is requesting \$4,651,100. Of this amount, \$500,000 will be used to increase the base of the existing ILC's. Most of the programs pay substandard wages and experience consequent high turnover. These resources would be used to raise the existing pay of the line staff beyond the limited dollars available through the salary reserve process. For a new ILC to serve the Southeast suburban area of Milton, Quincy, Braintree, Canton, Weymouth and Hingham, \$275,000 will be needed. For expansion of services at existing ILC's, \$550,000 is requested. Many ILC's do not keep a waiting list, but the time for a new consumer to access services continues to increase due to staff shortages and expanding case loads.

Ongoing Needs

New Centers

In the mid Eighties, a study was conducted that recommended that Massachusetts could benefit from 15-20 ILC locations to adequately serve individuals with disabilities statewide. At that time there were 6 ILC's. Through work with its constituency MRC has been able to establish funding for 5 additional ILC's since then. MRC is working with the State IL Council to establish the needs for increased funding for new ILC's as well as expansion for existing ILC's. It is anticipated that there is a need for an additional 5 new ILC locations, at a start up cost of \$275,000 each, for a total of \$1,375,000.

Expansion of Existing Centers

There is a need to upgrade ILC salaries, to make them commensurate with other Human Services salaries. There is a need for expansion money to address waiting lists at the ILC's, as well as to continue education about the Americans with Disabilities Act. There is an ongoing need to upgrade technology at the ILC's, including the acquisition of computer hardware/software and adaptive equipment. This need is assessed at \$1,050,000.

Administrative Support

For administrative support, the need is for \$160,000 for phone, supplies and staff to monitor the program's growth and development.

2. 4120-4000 Turning 22 Services
FY'98 Funding Base Year: \$993,338
FY'99 Funding: \$1,193,338
FY'2000 Funding: \$1,690,833*
FY2001 Funding: \$2,082,091**
Total 3 Year Increase from FY'1998 Base: \$1,088,753

*Includes salary reserve of \$11,707

**Includes salary reserve of \$25,638 and a half year of deficiency at: \$347,000.

Increases from FY '98

FY '99 \$ 200,000 expansion
FY '00 \$ 485,788 expansion
FY '01 \$ 347,000 deficiency expansion
\$ 44,258 annualization (reference: Accomplished Through Expansion: FY'01)

Program Description:

The MRC Turning 22 Independent Living Program serves the needs of young adults with severe physical disabilities transitioning from special education to adult human services, as well as youths with traumatic brain injuries served through our Statewide Head Injury Program. The MRC Turning 22 IL Program provides the following components:

1) Supported Living Program: Provides case coordination services for consumers with severe physical disabilities who have a mobility impairment and who are living in the community. Case coordinators assist consumers with such services as organizing their households, helping consumers hire/fire PCA's, helping them with budgeting and finances, or any other needs identified by the consumer. Without case coordination supports, these individuals would not be able to live in the community and would require some form of institutionalization. Most of the consumers in this program are able to leave institutional settings as a result of these minimal program supports. The Supported Living (SL) model incorporates the independent living model of consumer control and choice, encouraging consumers to empower themselves by active participation in decisions, which

affect their lives. MRC-IL has contracts with eight SL providers throughout the state, and consumers have a choice in the Provider they wish to work with.

2) Transition to Adulthood Program: Provides skills trainers (*who themselves have a disability*) from four IL centers to provide skills training, social skills building, advocacy, and peer counseling in the students' school setting. The majority of TAP consumers are served through Massachusetts Hospital School in Canton, but many consumers also receive skills training through public school systems in the Boston, Southeast, Central, and Northeast areas, while some are served through the Cotting School in Lexington. In the past two years, two new providers have begun serving T22 consumers in the Fall River/New Bedford school systems, as well as the Worcester area school systems. It has been found that early intervention assists consumers to live more successfully on their own in the community, helps them make more informative decisions about issues affecting their daily lives, and also decreases the cost of ongoing post-graduation services. MRC-IL has contracts with ILC's in the Boston, Northeast, Southeast (Fall River & New Bedford), and Worcester areas.

3) Turning 22 SHIP Consumers: These consumers are youth who have sustained traumatic brain injuries and are in need of residential services, 24 hour staffed apartments, supported living/case management, family supports, evaluations, and adaptive equipment to help them become more independent or live in the least restrictive environment

4) TAC Assigned Cases: These include non-VR cases previously assigned through the Transitional Advisory Committee (TAC), and are now administered through local VR offices and paid for (*inappropriately*) through federal funds. With new funding, a portion of these cases have been transferred to MRC-IL where they are administered and paid for through state IL funds.

Accomplished Through Expansion:

FY99: The T22 IL Program expanded its program by providing case coordination to 6 new consumers, as well as providing adaptive housing, and other necessary ancillary services for existing consumers. SHIP initiated funding for five T22 consumers for residential services, staffed apartments, supported living, and family supports.

FY00: The MRC-IL TAP received funding which allowed for two additional ILC's, CLW and SCIL, to do outreach in public schools in the southeastern and central regions. The outreach is being directed toward students with severe physical disabilities and will provide such services as independent living skills training, peer counseling, and self-advocacy training.) In FY00, SL case coordination was provided to 4 new consumers. SHIP expended \$450,00 to provide services for T22 consumers with traumatic brain injuries, including services for approximately 6 new consumers (4 residential, 2 supported living).

FY 01: The T22 IL Program received an annualization of \$44,258 in FY01, as well as \$347,000 from the legislature to fund deficiency services for 6 months. Funds are being spent for case coordination to 3 new consumers leaving Mass. Hospital School, adaptive housing and other necessary ancillary

services for existing consumers. Without CC services, consumers would most likely return to their parent's homes or live in an "at risk" situation in the community. TAP services are being provided to 75 consumers in public school systems and Mass. Hosp. School.

In FY01 SHIP received \$550,000 for 8 new Turning 22 consumers (6 consumers for residential 24/7 supports, and 2 SL consumers).

In FY01 SHIP administered 15 existing TAC assigned cases from VR @\$43,000/case=\$645,000. Seven new TAC assigned cases from VR were transferred to MRC-IL @\$35,000/case=\$245,000. Presently there is a need for \$645,000 to cover 15 consumers assigned to MRC with no current funding.

Ongoing Needs:

T22 TAP: The number of TAP referrals will rise to an estimated 135 by FY'02 because the two new ILCs who have recently begun providing services will begin to see new referrals, as a result of outreach. Additional funding in FY02 will allow for four positions in other ILC's throughout the state to provide outreach to students with severe physical disabilities who are attending public school systems. Funding of \$50,000 in FY02 will provide for two additional ILCs to provide outreach to 30-50 youth with severe physical disabilities in school systems in the Western and additional southeastern areas throughout Massachusetts. Annualized figures for FY03 will be \$100,000. Skills trainers will do outreach in the schools to work with students on issues of independent living and self-advocacy. They will also work with MRC to coordinate ITPs, as well as preparing students for the possibility of using supported living case coordination once they move out on their own. Without expansion of TAP, a large number of special education students in the western and remaining southeastern regions of the state will have limited access to independent living skills training, and, therefore, are at risk of institutionalization or living in unproductive dependent family situations.

Supported Living: Additional funding would provide SL case coordination to 7 consumers while they are still attending Mass. Hospital School at a cost of \$5,779. Annualized figures for FY03 (after the consumers have moved to the community) are estimated to be \$61,152. In addition, there continues to be a long-identified need for persons with learning disabilities/cognitive impairments to receive supported living services. These are individuals with a variety of severe learning and emotional disabilities who need relatively minimal ongoing residential support services but who do not fall under the jurisdiction of DMR or DMH. A proposed pilot project would allow for outreach, assessment, and services to a relatively small group of such individuals. Most recently, a need has been identified at the Coting School in Lexington where there has been a shift from students with severe physical disabilities to a larger number who have severe learning disabilities.

T22 SHIP: Additional funding is needed for T22 consumers with traumatic brain injuries: 5 consumers will need 24/7 residential housing (\$500,000), 3 consumers will need SL (\$60,000), and 1 consumer will need case management (\$10,000).

TAC Assigned Cases: In FY02 the costs for this program are the following: T22 existing TAC assigned cases from VR @ a cost of \$890,000, and six additional TAC assigned cases @\$22,000/case=\$132,000.

Pilot Program for T22 Consumers who have Learning Disabilities: Additional funding in FY02 would provide for a pilot program for 10 new consumers who have severe learning disabilities and do not meet DMR/DMH eligibility @\$4,000 /consumer /year =\$40,000.

Administrative costs: A portion of T-22 administrative costs will be covered through state funding, and will approximate \$100,000 to include personnel, travel, supplies, and phone.

3. 4120-4000 Adult Supported Living Services
FY 98 Funding Base Year: \$291,312
FY '99 Funding: \$298,098
FY'2000 Funding: \$ 555,766*
FY '2001 Funding: \$ 562,784**
Total 3 Year Increase from FY'1998 Base: \$ 271,472

*Includes salary reserve of \$6,293

** Includes salary reserve of \$7,018

INCREASES FROM FY 98 (minus salary reserve)

FY ' 99 \$ 6,686.

FY ' 00 \$251,375.

FY '01 \$0

PROGRAM DESCRIPTION

The Supported Living Program provides ongoing case coordination services primarily to adults who need the assistance of PCA's in order to begin or maintain living independently in the community. These consumers have severe physical disabilities in combination with cognitive, emotional or other functional limitations to independence. They are ineligible for services from DMR, DMH, and the MRC SHIP program and have inadequate family or other supports to meet their needs. Adults in this program are too old to be eligible for supported living under the Turning 22 program and may not even have been disabled before age 22, but essentially receive the same type of case coordination described in the Turning 22 program. The average consumer requires four hours of case coordination per week in order to stabilize the PCA system (when relevant), financial management, housing, health care and other essentials of continued independent living in the community.

ACCOMPLISHED THROUGH EXPANSION

The Adult Supported Living Program received significant expansion funds (\$251,375) in FY 00, an increase in program budget of 46%. The only expansion funding received in other fiscal years was that granted for salary reserves.

The FY 00 expansion funding had a major impact on the Adult Supported Living Program. It enabled the program to grow from 35 consumers served to a capacity of 63 consumers served.

Some of the individuals who began receiving services had been on the waiting list for as much as two years. This level of expansion enabled consumers on a statewide basis to be served. Prior to this time, only people in the Greater Boston, South Shore and Southeastern Massachusetts areas were able to receive adult supported living services.

Referrals to the supported living program came quickly, in abundance and from a multitude of community agencies and inpatient health care facilities. Typically, individuals referred had no home care options available to them other than the PCA program yet lacked the ability to manage this complex program independently and had no family or friends available to help them do so. Individuals referred have ranged in age from 19 to 90. There is no comparable service offered through funding sources that serve the elderly.

It is safe to say that, without the availability of supported living services, many of the individuals who began services in FY 00 would have been placed in nursing homes or would have continued to live with inadequate and unsafe levels of home care.

ON-GOING NEEDS

Although the supported living program has experienced significant expansion, there are still a number of critical on-going needs. They are as follows.

1. Current Waiting List – There are currently 15 individuals on the adult supported living waiting list. In addition, there are over 40 individuals currently in the assessment process: approximately half of them ultimately will be placed on the waiting list. The program receives approximately 6 new referrals per month. Approximately 8 individuals terminate service for a variety of reasons each year.

Based on the above figures, it can be estimated that there will be approximately 50 new individuals in need of service by the beginning of FY 02 with an additional 28 individuals needing to begin service sometime during FY 02. At approximately \$10,000 per individual per year with the latter 28 estimated at half a year's service each, an additional \$640,000 is needed for FY 02.

2. MRC, through a HUD McKinney grant acquired by EOHHS, has been providing supported living services to 20 homeless individuals in order to assist them in locating appropriate housing and accessing the supports needed to avoid repeated homelessness. The grant terminates on March 31, 2001: MRC does not expect funding to be renewed. Although program evaluations have been positive, needs far outstrip available HUD funding, and MRC has received funding for 5 years.

Based on the above, an additional \$200,000 is required in FY 02 to serve these 20 individuals at a cost of \$10,000 per person.

3. There are currently approximately 30 individuals receiving case coordination supported living services under the Turning 22 program who have long since transitioned from school to community living. Some of them are well into their 30's.

An additional \$290,000 is needed to serve these 29 individuals at \$10,000 per person

4. There is a need to expand the availability of services in the adult supported living program to consumers who currently can not receive services. These individuals do not use PCA's but require assistance in managing and organizing their daily lives due to a learning or cognitive disability and/or a less severe physical disability. These individuals do not require the level of supervision provided in a group home or other residential setting: they can live independently with approximately 4 hours per week of case coordination.

It is estimated that 15 such individuals could be served for the second half of FY 02 at a cost of \$5,000 for six months or a total cost of \$75,000 for FY 02.

5. An extremely minimal amount of state funding has been available thus far for the administration of this program. Administrative costs have, inappropriately, been charged to federal funds. Therefore, an additional \$77,300 for a Program Coordinator II to monitor the program and a part-time Clerk IV to process paperwork and bills are needed. Also, an additional \$30,000 to cover administrative overhead costs such as rent, supplies, phone, etc. is requested.

This totals \$107,300.

The total amount of on going funding needed is \$1,312,300.

Without expansion funds, the Supported Living Program will do no more than maintain services to the current level of 63 individuals. This would certainly result in the unnecessary institutionalization of some future applicants who would be on the waiting list with inadequate supports to continue living independently in the community. More seriously, it would severely jeopardize the independence; most likely also resulting in institutionalization, of the 20 individuals currently served by the HUD grant when it expires. Obviously, institutionalization is a higher cost service and diminished quality of life than community based supports.

4. 4120-4000 Protective Services Program
FY'98 Funding Base Year: \$516,745
FY'99 Funding: \$516,745
FY'2000 Funding: \$586,500
FY '2001 Funding: \$586,926
Total 3 Year Increase from FY'1998 Base: \$ 70,181

Increases from FY '98

FY '99	\$ -0-
FY '00	\$69,755
FY '01	\$466

Program Description

The Protective Service Program provides protective services to adults with disabilities who have been abused or neglected by a caretaker. This function is mandated to the agency by Massachusetts General Law 19C. Under this mandate, the Protective Service Program has conducted an average of 250 investigations of alleged abuse per year during the last five years. In addition to conducting investigations, the program has provided post-investigative services to individuals who have been found to be at risk for further abuse. As a result of these investigations, Protective Services has identified 100 individuals, each year, who have been seriously injured as a result of abuse and were in need of services. Those individuals were assigned to protective service workers who conducted in-depth assessments of the violent situations and provided post-investigative services. In addition, there are approximately 55 cases which are carried over from the previous year. The annual case count is approximately 450.

The services needed by individuals who have been the victims of abuse range from case management services to the provision of emergency shelter for those at imminent risk of serious harm or death if they were to remain at home. In-home services are used most often, such services as increased home health aide services or counseling. Individuals who are out of their home because of increased levels of danger are often utilizing emergency protective service respite while alternatives to living at home are developed. As many as eighteen individuals have used emergency respite services in a given year. There are currently eight staff employed in the program; seven are in Boston and one person is located in Worcester. All professional staff carry ongoing caseloads in addition to conducting emergency and routine investigations. There is a program director, supervisor, and unit clerk. The program functions 24 hours per day/ seven days a week and three staff and an administrator are on call for one week intervals every other week. The program covers the entire state. The available funding for direct services in FY '98 was \$80,000. Approximately \$40,000 of this amount is spent on individuals who are in emergency respite shelters. The remaining \$40,000 was utilized for in-home services to approximately 55 individuals. Approximately 100 individuals received no state-funded direct services.

Accomplished Through Expansion

The protective Service Program received no additional appropriation through the Blue Book Process. Any additional funding was received due to reallocation of funds within the agency budget. The Protective Service program has not enough funding to meet the legal mandate of MGL 19c, more importantly it does not have sufficient funding to insure battered men and women are adequately protected. Approximately 50 individuals are being under served by being only offered minimal services. Services, such as respite care, were offered only in the most dangerous situations and then for the shortest period of time due to financial constraints. Protective Services does not have funds sufficient to fund one individual in respite care for one year.

The average cost to MRC for respite care is approximately \$200 per day. For the last three years the emergency demand for respite services due to the immediate risk of serious harm or death from abuse and neglect, has radically increased. If there is a continued similar level of demand for this service, the budget will be fully exhausted prior to the end of the fiscal year. This will leave no funds to provide services to any individual, regardless of the danger which that individual may face. In addition, the lack of funds, requires staff to spend extraordinary time identifying alternative, less reliable, resources which can be acquired free or at reduced costs.

There has been a severe increase in the level of danger in the investigations referred to Protective Services. This increased level of danger requires more staff time devoted to crisis intervention. In FY 99, the staff in this program conducted 5000 home visits or other substantial protective service contracts. This is a 200 percent increase over the activity level of five years ago.

Ongoing Needs

Most individuals who are referred to MRC Protective services receive only case management services. Protective Services does not have enough money to provide for one individual to receive needed residential shelter services for one year. Even if no other individual received any other paid service. If one battered woman were getting residential services for a year, there would be no funding for a second more seriously injured women to get home health aide services which would enable that woman to enter a shelter. In comparison, it is customary for DSS usually to have more than enough money to provide shelter to more than one foster child per year. The state and city governments insure that Franklin Park Zoo has more than enough money to fund shelter for more than one animal per year. The role of Protective Services is to keep a person alive for at least three years until that person gathers enough strength to escape. MRC does not have that level of funding.

Additional funds would be used to cover increases in the number of individuals referred to MRC, as well as providing for the cost of home care services, violent men's groups and other similar program costs of \$215,000. Regionalization would continue with expansion to Southeastern and Western Massachusetts. Expansion will require the addition of a clerk and investigator will cost \$80,000. The relocation of staff to these areas will reduce the amount of time and money involved in travel and facilitate improved protective service to these areas. A program development specialist is needed to develop statewide services such as emergency in home and out of home respite care. The staffs cost are approximately \$50,000. The total request is for an additional \$345,000.

Protective Services Program Consumer Profiles

The vignettes that follow illustrate the nature and level of abuse that MRC is mandated to treat:

PSP Consumer Profiles #1

In Western Massachusetts, a young woman was sexually assaulted and raped by her father. With the assistance of MRC, she was able to get into a battered woman's shelter, but the shelter could not handle her need for personal assistance. While she was at the shelter, her father killed her pet bird, threatening that she was next. MRC located another facility which had other adults with similar disabilities. A creative solution was found as to how to protect this woman in light of an exhausted protective service budget. Her placement was funded appropriately under Chapter 688 which had funds available for services.

PSP Consumer Profiles #2

In Southeastern Massachusetts, a young woman was the victim of multiple rapes. Trauma experts described her sexual assaults as one of the most sadistic they had ever seen. These rapes occurred on a regular basis until intervention by MRC protective service staff in whom she trusted enough to report the sexual assaults. She was given emergency respite service by MRC, however, her placement used approximately 40 percent of the annual protective service budget. The impact of that expenditure on the overall budget meant that routine services such as day treatment or home care could not be provided to abused individuals who were at a lesser level of risk.

PSP Consumer Profiles #3

In Central Massachusetts, a consumer was referred to MRC who had been spending almost all of her time in a wheelchair due to issues of neglect. At the time of initial hospitalization her legs and other body parts had become infested with maggots and her genitals were infested with ants. After hospitalization, returning her to home probably would have been fatal. MRC had to exert great pressure on the local hospital in order to stall discharge of this person. Had MRC funds been available, the Commonwealth would have had the option of a setting which was safe but less expensive than an acute care hospital bed.

PSP Consumer Profiles #4

In Eastern Massachusetts, MRC provided emergency services to a consumer who had been living in squalor. After the caretaker left him, he was living in mid-winter without heat, running water, food, or any other basic essentials. The individual is now in a semi-independent setting having re-established relationships with his family that his prior caretaker would not allow. At the time of MRC intervention, this individual was at imminent risk of serious harm or death.

PSP Consumer Profiles #5

In Northern Massachusetts, MRC provided services to a battered woman whose abusive boyfriend beat her, tore the phone out of the wall, and lit her on fire. MRC services were critical due to her isolation and need for homemaking and other services. MRC protective service workers assisted her in working with law enforcement agencies and sustaining her in her home with multiple in-home services. The perpetrator was incarcerated.

5. 4120-4000 Assistive Technology Services and Project SHARE

FY'98 Funding:	Unfunded
FY'99 Funding:	Unfunded
FY'00 Funding:	\$481,000 *
FY'01 Funding:	\$880,000**

Increases from FY '98

FY '99	\$ -0-
FY '00	\$481,000
FY '01	\$399,000

Program Description

This program would provide funding for individuals with severe disabilities for assistive technology devices and training to enable them to function more independently in family and community. Only individuals who have independent living goals are eligible for services under this program. Individuals who are eligible to receive these services under Vocational Rehabilitation, Special Education or are eligible to receive services through other EOHHS agencies are not eligible under this program. This account also includes the funding of services through Project SHARE through an Interagency Service Agreement (ISA) with UMASS-Dartmouth.

- Includes \$100,000 targeted in legislative language to Project SHARE.
- Includes \$200,000 targeted in legislative language to Project SHARE

In FY'00, a one time expenditure of \$381,000 was made for AT. These funds were available from a reallocation of funds in the 4000 account for FY'00 due to the late budget passage. Project SHARE received its \$100,000 for 5 months.

Accomplished through Expansion

In FY'00 an RFR for assistive technology was released and 2 contracts awarded in February 00. An ISA was also negotiated and approved between MRC and UMASS Dartmouth on behalf of Project SHARE for 5 months. As a result of these contracts, 103 individuals with significant disabilities received intake, assessments, AT devices, set up and training on these devices and follow up. In some instances customization of devices was also provided by Project SHARE. Follow-up consumer satisfaction surveys indicated a high degree of satisfaction with the services provided.

In FY'01, sufficient resources to meet legislative account language for AT were not provided. As a result a deficiency of \$470,000 was approved effective January 1, 2001. From July 1 through December 31, 2000, \$150,000 was allocated from the 4000 and \$174,000 from the retained revenue account to maintain the program until a deficiency was approved. A new RFR was released for a 5-year cycle and 3 providers selected to begin service delivery statewide as of January 1, 2001. The ISA with UMASS Dartmouth from Project SHARE was increased from \$100,000 to \$200,000 per legislative language in the account. It is anticipated that up to 200 individuals with significant disabilities will receive AT services, devices and training in FY'01. Presently all funds are allocated to program and the agency utilizes no resources to cover program administrative costs.

On-Going Needs

The need for assistive technology for individuals with disabilities to maintain or increase independent functioning in family and community is very high. The use of technology in the general population for banking, shopping, communicating has exploded in the last few years. The technology is invaluable to people with disabilities particularly if they are isolated due to lack of accessible transportation, housing or personal assistance to accomplish daily living activities. This program provides the resources to allow individuals with disabilities access to the same services of the general population but with the adaptations needed to utilize technology, based on their individual functional needs. The average cost per person for equipment and training is around \$7,500. To serve an additional 100 people a year will require minimally an additional \$750,000. In addition, the agency needs administrative support to operate the program for phone, rent, supplies, and program monitoring staff of \$45,000 per year. FY'02 program needs are \$680,000 for maintenance and \$795,000 for program expansion.

6. 4120-4000 Personal Care Assistance Program
FY'98 Funding Base Year: \$825,000
FY'99 Funding: \$725,000
FY'2000 Funding: \$622,000
FY'2001 Funding \$580,000
Total 3 Year Increase from FY'1998 Base: \$

The MRC Personal Care Assistance Program provides Personal Care Services to individuals with disabilities who are employed and need these services to be able to live in the community. All of the 27 clients currently in the program are employed and contribute towards the cost of their own Personal Care Attendants.

The MRC Personal Care Assistance Program has been in operation since 1978 and has served as a model for similar programs throughout the country. Currently, the program is closed to new applicants who are referred to Commonwealth for services. The MRC PCA program uses the same rate and evaluations as the PCA program through Mass Health.

Justification for Expansion Budget

As a result of a new Request for Response (RFR) from Mass Health, the rate for PCA services has increased to \$10.74 per hour. This increase would bring all PCA programs in Massachusetts in compliance with Federal and State laws regarding Social Security and Income Tax withholding. In FY'99 and FY'2000, client attrition was significant enough to offset the new increases in PCA rates. MRC is was not asking at the time for any expansion funds for the PCA program as it was expected that client attrition would continue during FY'2001. However due to a second PCA rate increase, \$11.31 per hour, approved for August, 2000, a deficiency budget was requested and approved for \$90,000.00 to cover cost of service for the PCA program during FY'2001.

The current average cost for a client in the MRC PCA program is \$19,546.00 per year plus administrative costs including one staff salary.

Increases from FY '98

FY '99 \$ -0-
FY '00 \$ -0-
FY '01 \$ - 0 -

It is uncertain that with client attrition decreasing between now and the beginning of the FY '2002, expansion funds may again be required in FY'2002.

The MRC Personal Care Assistance Program would not be eligible for any Federal Financial Participation during the FY '2002 budget period. It is unlikely this program would qualify for Federal Financing during the FY '2002-2003 budget cycle.

7. 4120-4000 Multiple Chemical Sensitivity Outreach Project
FY'98 Funding Base Year: \$ -0-
FY'99 Funding: \$ -0-
FY'2000 Funding: \$ -0-
FY'2001 Funding \$-0-
Total 3 Year Increase from FY'1998 Base: \$0

Increases from FY '98

FY '99 \$ -0-
FY '00 \$ -0-
FY '01 \$ -0-

Program Description

There are a number of low incidence disabilities that are emerging into the awareness of the mainstream of the rehabilitation community. At the Forum held in Worcester the Agencies heard from a number of consumers of Multiple Chemical Sensitivity Organizations via the telephone. Their disability prohibits their testifying in person because of their hypersensitivity to chemicals that exists in the normal environment. Chemicals such as fragrances, new carpeting, most cleaning products and the like produce sometimes life threatening reactions.

This project will take on the task of designing and implementing a new service delivery paradigm for this and other low incidence populations. Services such as housing, in-home supports, medical care and other independent living services will be provided to individuals who have in the past have been excluded from accessing services because of the lack of understanding of their disability. In addition, a training curriculum about this condition will be developed and provided to staff in the Agency.

Reason for Expansion

The Independent Living Movement has progressed from addressing the needs of persons with primarily physical disabilities to developing community alternatives for persons with all types of disabilities. Persons with Multiple Chemical Sensitivities are the most recent group to address the Commission with its needs and recommendations for what their community needs are for living more independently in the community. The present IL Service Delivery System at MRC does not have the capacity to address the requested needs of this community as presented at our Worcester Forum.

The new monies requested would allow the Commission to develop a pilot project through a community based program that would address the issues raised by the Multiple Chemical Sensitivities Community. In addition, an advisory committee for the project would be formed of members of this community to ensure that the project truly addresses the IL needs and develops a long term approach to provide statewide services for this constituency. The advisory committee will also assist the project in developing a training curriculum for Agency staff, which will be conducted to better inform Agency personnel about this very unique disability.

Justification for Expansion

FY' 2001 The \$225,000 requested in this fiscal year fully funds the project to develop and implement a strategy to provide Independent Living Services to persons with Multiple Chemical Sensitivities. The vendor with the continuous input from the advisory committee would implement strategies to address the housing, communications, transportation and other IL needs of this community. The Project would also develop recommendations for making such services available on a statewide basis.

Multiple Chemical Sensitivity Consumer Profiles

1. Consumer Alice was exposed to multiple chemicals on her job as a nurse. Her condition began to change slowly at first with a constant allergy. She then began to be hypersensitive to almost all chemicals such as soaps, perfumes, any type of carpet and even clothes. She ultimately had to move to a new apartment. But that took almost two years to find because there was no resource to help her locate an accessible apartment which could meet her needs. She tried the housing registry but it did not address her "accessible" needs. On her own she finally found a suitable place to live but during this period of time her condition gradually worsened until she almost died. She was able to recover but cost thousands and thousands of dollars in medical costs because there were not appropriate IL Services in place.
-

8. **4120-4001 Housing Registry Expansion**
 FY'98 Funding Base Year: \$100,000
 FY'99 Funding: \$100,000
 FY'2000 Funding: \$100,000
 FY'2001 Funding:\$100,000
 Total 3 Year Increase from FY'1998 Base: \$ 0

Program Description

The Housing Registry assists people with disabilities in identifying housing opportunities, including wheelchair accessible and adaptable market rate and subsidized housing across the Commonwealth. Beginning in 1995, the legislature has provided \$100,000 annually for the operation of the Housing Registry computer database to identify wheelchair accessible units and match them with people with disabilities, families with children with disabilities and elders needing these units. To date, the Housing Registry has listed over 1,600 apartments statewide.

Increases from FY'98

FY 1999	\$ -0-
FY 2000	\$ -0-
FY 2001	\$ -0-

Accomplished through Expansion

MRC has not been successful in securing any additional funds to operate either the central database component or the regional ILC components of this program. The \$100,000 in funding currently provided by the legislature supports the administration of the database including gathering the listings and disseminating the information daily to the ten Independent Living Centers (ILCs) across the state. It is the ILCs who identify the potential tenants for these units including conducting outreach, assisting with applications, identifying support services and other key tasks in the move to a new home. As the Housing Registry has become more and more successful, the ILCs have received an increasing number of calls from people wanting the housing information and requiring assistance with the application process. ***The ILCs currently receive over 800 calls each month, or nearly 10,000 calls annually! The ILCs currently receive no financial support for providing this increasingly demanded service.***

On-going Needs

There is a need for on-going program development for the following four activities:

- To provide the ILCs with support for their participation in the Housing Registry including dissemination of information and assisting consumers to access housing. Ten ILCs will receive support for .5 FTE and related costs. One ILC will receive support for 1 FTE.
- To provide the following increases for CHAPA (Citizen's Housing and Planning Associates) who manage the central database to provide for increased administrative costs. These include: 5% COLA and costs related to increased number of ILCs participating. They have received no increase since 1995.
- The backbone of the Housing Registry is a computer network that is terribly outdated. A one time award of \$30,000 to allow the 12 satellite offices to upgrade to Pentium computers. This would allow staff to dramatically increase productivity and expedite distribution of time-sensitive information about vacant accessible apartments.
- By the end of FY01, the Registry is expected to go on-line. There are some fairly minimal costs associated with this important expansion including: monthly web hosting costs and one-time replacement and upgrades of equipment.

Support for the above is \$356,750

Housing Registry Consumer Profile

Staff from MRC's Protective Services Program identified a man with a disability who was being abused by a family member and needed to move as quickly as possible. Mr. J needed an accessible apartment with a subsidy and wanted to live in the Lynn area. Accessing the housing registry on-line IL staff quickly identified 3 apartments in Lynn with one bedroom, accessible, affordable units. Mr. J. contacted the housing complex contact person identified on the Registry and moved into a new apartment within 2 weeks.

9. 4120-4002 Mass. Network of Information Providers
FY '98 Funding Base Year: \$ -0-
FY '99 Funding: \$ -0-
FY'2000 Funding: \$ -0-
FY 2001 Funding: \$ -0-
Total 3 Year Increase from FY'1998: \$ 0

Program Description

The Massachusetts Network of Information Providers is a network of 28 local and regional service providers that are connected together by computer. The data they provide is collected and distributed by a central location and updated on a quarterly basis for information provided by each member and by providers themselves. These Network members provide individuals seeking information on disability-related programs and services the latest Information and Referral (*I&R*) on such community based programs and services. The Network is presently funded by federal vocational rehabilitation funds but given the broad, non-vocational rehabilitation focus of the information, the program should be funded with state dollars.

Increases from FY '98

FY '99	\$ -0-
FY '00	\$ -0-
FY '01	\$ -0-

Expected Population Growth

The present Network provides Information and Referral at the rate of 3500 calls/quarter to individuals with disabilities or others who need such information. Through the Network individuals can access information on such issues as what doctor in their area has an accessible office to what agency provides reduced or free meals delivered to one's home. It is expected that the demand on the network will continue to grow at an annual rate of over 30% given the history of the Program. There is also a need to continue to expand the membership of the Network to provide better localization of the information. The projected growth to 40 organizations should occur by FY '2000 and to 60 organizations by FY '2001. The ability to grow the network allows for more accurate information because the I & R specialist has better first hand knowledge of the area.

Reason For Expansion

This demand, if not addressed, will create real problems in timely access to information that may prevent an individual with a disability from staying in the community or becoming ill because timely treatment is not available. Because the demand for access to Information and Referral is growing at a rate of at least 30% per year, there is a real need to address any such increase in I & R requests. There

has been a significant shift in the policy of the Commonwealth to deinstitutionalize persons with disabilities. This change in policy has created a greater need for access to information about community based services. In fact, it can be said that because of the existence of the MNIP, the ability of the Commonwealth to respond to the policy shift has been enhanced. Clearly any slow down in access to I & R will create problems that could lead to reinstitutionalization, health problems, rehospitalization or increase in admittance to chronic care hospitals.

How Funding Will Be Used

The first year of funding will be used to continue operation of the Network with state funds which, given the scope of the Network's I&R, are more appropriate. The second and third year funding expansion would cover the costs of new technology, training, software upgrades and the addition of new staff at primary provider's information collection headquarters. Additional I&R Specialists at some of Network sites would also be added as needed.

Justification of Expansion Budget

The new funding for the base is proposed to replace the present federal VR funding because the scope of the MNIP Network is now beyond the limited propose of the federal mandate of Title I funding. In years 2000 and 2001 the expansion was derived by taking into account the acceleration of the number of calls to each site and the proposed expansion to up to 60 members of the Network by 2001. The costs for the expansion each year include: new staff at the data collection headquarters; new software; training and technical assistance; additional I & R specialists at selected new and existing sites depending on demand.

Improved Program Outcomes

Additional monies will be used to fund extra staffing needed to expand the MNIP network. This will entail additional training, support, software, and equipment. The additional funding will also be used to expand the I & R database and to institute a systematic quality enhancement program. Some supplementary funds will be used to supplement the I & R Specialists in certain existing and new locations. Lastly the expansion to up to 60 members of the Network will allow the information to be more localized and therefore more timely and more accurate.

MNIP Consumer Profiles

Consumer #1 needed a new leg brace but did not know how to get funding for the brace. After calling the MNIP he was assisted in accessing Medicare which ultimately covered the cost of the device. He also received assistance in getting a referral to an orthotic consultant who fitted the consumer for the brace.

Parent #2 called their local MNIP office seeking assistance in accessing recreational activities for their son who lives in a community residence. They had been trying for years to address the

problem but met with little success. After only a few calls to the Network office they were able to locate a local organization to help them arrange meaningful recreational activities that significantly improved their son's quality of life.

10. 4120-7997 Home Modifications Program
FY'98 Funding Base Year: Unfunded
FY'99 Funding: \$2,000,000*
FY'2000 Funding: \$1,200,000*
FY'2001 Funding: \$1,500,000

***FY'99 funds were rolled over to FY'00 to expend**
Total 3 Year Increase from FY'1998 Base: \$6,200,000

Program Description

The Home Modification Program provides deferred payment and amortizing loans to elders, families with children with disabilities and adults with disabilities to make access modifications to their homes. Eligible types of modifications include ramps, bathroom modifications as well as more modest modifications such as grab bars.

In the 1998 Emergency Capital Appropriation Bill, the Governor approved the bonding of \$10 million in funds for this program. In order to access bond funds, bond "cap" has to be allocated to the agency and/or program. In June 1999, a CAP was approved allocating \$2.0 million in bond funds to be "rolled over" into FY'00 to start the program. MRC then entered into contract with CEDAC (Community Economic Development Assistance Corporation) to administer the loan funds. CEDAC contracts with 6 regional housing providers, who conduct intake, assess need and process loans. Over 250 households have already applied for the program and nearly \$1 million in loans has already been disbursed.

Increases from FY'98

FY 1999	\$2,000,000
FY 2000	\$1,200,000
FY 2001	\$3,000,000

Accomplished through Expansion

The Governor and the legislature established a home modification program through a bod program rather than a state appropriation in order to address the needs of the elders and people with disabilities living unsafely in their homes or unable to return to their homes from high cost institutional settings because of physical barriers. The 1990 U.S. Census indicated that 4% of Massachusetts's citizens had

a mobility and self care limitation. Using this and other data, the nationally renowned Adaptive Environments Center estimates that over 53,000 Massachusetts residents require some type of home modification. The majority of these are on fixed, low-incomes and require assistance to make these modifications.

On-going Needs

The Home Modification Program is now up and running and can serve those with low-incomes and need for adaptations. Every day, the waiting lists at the six regional vendors grow. The state must continue to allocate cap to this important program to ensure all of these households can be served.

Expansion in FY'02 of \$2,000,000 in bond funds is expected to provide home modification for an estimated 150 elderly and disabled households across the state.

Home Modification Consumer Profiles

- John is 15 years old. He uses a wheelchair and has been disabled since birth. He lives with his family in the 2-story home they own in a Boston suburb and his family provides all of his personal care. When he was younger, his parents were able to carry him up and down the stairs to his room and the bath on the second floor. At 15, however, this has become increasingly difficult. His family cannot afford to make the necessary modifications; widen the doorway to a first floor room so he can use it as a bedroom and make the first floor bathroom accessible. Unless these modifications are made, the youth will have to move to the Massachusetts Hospital School at a cost of \$137,000 per year to the State.
- An older man has lived in his current home since he and his wife purchased it many years ago and his wife recently passed away. He cannot safely use the stairs and must start to live on the first floor. This requires the addition of a door or partition to create a private space in the living/dining room and grab bars in the first floor bath. These modifications combined with home care services will allow him to remain safely and comfortably in his home and prevent a move to a nursing home at an average annual cost of \$127,750.

11. 4120-5000 Home Care Assistance Program
FY'98 Funding: \$3,966,066
FY'99 Funding: \$4,500,368
FY'2000 Funding: \$4,588,569 (includes salary reserve)
FY '2001 Current Funding \$4,704,801(includes salary reserve)

Program Description

This account provides Home Care services consisting of grocery shopping, meal preparation, light cleaning and washing laundry for individuals with disabilities, ages 18 through 59, who live alone or with minor children under the age of 18. Failure to access these services would result in increased hospitalizations and possible institutionalization of consumers. These services allow the consumer to continue to live in the community.

Increases from FY '98

FY '99 \$534,302-
FY '00 \$ 88,207 *
FY '01 \$116,232 *

*Annualization for Salary Reserve

Accomplishments through Expansion

MRC Home Care Assistance currently serves 1,740 clients with Homemaking services as well as closing an additional 238 clients who left the program during the year for a total of 1974 clients served as of December, 2000. Overall an increase of over 300 clients served has occurred since FY'99. Currently (Dec 2000) there are 143 clients on the processing list who will enter the Homecare Assistance program in the next few months. While some clients can be reached due to attrition. The additional funding from the FY'2001 budget only allowed for salary reserve and no additional clients. It usually takes a minimum of 2 to 3 months on the processing list before a client can be determined eligible and begin to receive services. Even with this shortened time, a number of the clients on the processing list no longer need the service as their disabilities have worsened, they have passed away, moved out of state or been placed in an institution. Since 1990, annual appropriations from the legislature have been level funded, except for FY'99, when an additional \$534,302 was added. This has been very helpful in reducing the processing/waiting list, however the processing list continues to grow as new intakes are received daily.

Budget Detail by Year

Allowed for the reduction of the client waiting list to 157, as well as funded two case managers in FY '99: The increase of \$534,302 dollars of funding to the existing appropriation provided for two positions to coordinate services for these clients newly retired off of the waiting list.

FY '00: The additional amount of \$88,207 only allowed for salary reserve for the lowest paid direct care workers and did not fund any additional clients into the program. Rate increases for homecare vendors are being approved by the Department of Elder Affairs. MRC uses the same rates as the Department of Elder Affairs. The addition of \$300,000 from the retained revenue account (4120-5050) covered the annualized costs of the additional clients who entered the program during this fiscal year.

FY '01: The increase in funding of \$116,232 only provided additional monies to cover the annualization of the salary reserve paid to the lowest paid direct care workers. No additional funds were appropriated for additional new clients coming into the program. Again some of the retained revenue account (4120-5050) has to be tapped (\$760,000) to cover the annualization of the previous years new clients and allow for new clients coming into the program during FY' 2001. In addition Homemaking rates, paid to the vendors have been increasing the costs of providing services. MRC uses the same rates as approved by Elder Affairs.

Ongoing Needs, FY'2002 and beyond:

Using an estimate of 175 new clients per year, less attrition translates to 90 clients for 12 months, which will result in a minimum need of \$300,000.00, annually to just cover these new clients. Annualized costs in the following year will require \$675,000.00 for these same clients. More and more individuals with disabilities are finding the MRC Homecare Assistance Program is able to help them maintain themselves in the community rather than being hospitalized or sent to an institution. Quality of life issues as well as reducing the costs borne by the Commonwealth for more expensive alternatives, require that MRC Homecare Assistance Program be adequately funded, annually.

Federal Financial Participation:

The MRC Home Care Assistance Program has become eligible for Federal Financial Participation (FFP) during the FY '99 budget period. MRC developed a plan to capture actual FFP funds and has generated \$2.2 million dollars in FFP, since June 1998, back to the Commonwealth, covering the period April 1996 through March 1998. It is estimated that approximately \$1.2 million dollars in FFP, has been captured, annually for the Commonwealth, by the MRC Homecare program. Prior to FY'2000, all of these funds reverted to the general treasury of the Commonwealth. With the establishment of a retained revenue account (4120-5050) in FY'2000, a portion of the monies earned from Federal Financial Participation (FFP) can be earmarked for programs in MRC, including Homecare Assistance. More detail can be found in the 4120-5050 section.

Program Consumer Profiles

HCAP Consumer Profile #1

J.F. is a 51-year-old female consumer, of the Western Massachusetts region, who after seven failed back surgeries developed failed back syndrome, a condition characterized by constant, chronic pain throughout her back and spinal column. As a result of this diagnosis, which left her functionally limited in areas such as sitting, standing, walking, bending and lifting. J.F. applied to the M.R.C. Home Care Assistance Program in desperate need of a home care worker to assist her with daily living skills such as cleaning, shopping, meal preparation and laundry.

Throughout the three years J.F. has had home care assistance, her physical and mental health have significantly improved. Home care assistance has had the direct causal effect of alleviating her constant, chronic back pain. Consequently, she was able to start working full-time as a psychiatric nurse practitioner assisting the elderly in several different nursing homes and institutions. Ironically, without the Home Care Assistance Program she would still be a prisoner in her home or a resident in a nursing homes. Home care services have had the effect of reconnecting her with a society she was formerly alienated from by her disability. It is society that now reaps the benefits from her skills and liberated aspirations.

HCAP Consumer Profile #2

V. S. is a 43-year-old single woman who has been receiving homemaking services through the Home Care Assistance Program since November 1988 (9 years). She lives in an accessible three-room condominium condo, which she rents. She is on Social Security Disability and on Medicare.

V.S. has been disabled since 1984 when she was diagnosed with Amyotrophic Lateral Sclerosis (ALS), a progressive neuromuscular disease with no known cure. V.S. has severe spasticity, which is the primary symptom of this disease. She is unsafe ambulating, although in her environment she functions adequately enough. She uses a walker in her apartment and a wheelchair outside. V.S. is not able to maneuver the wheelchair without assistance, as another symptom of this disability is weakness. This makes it very difficult for V.S. to hold or control things with her hands. Her ability to grasp, hold, or push is almost non-existent. It is very difficult for her to open the door to let people inside her apartment or even hold a pen to write.

In addition to the above limitations, V.S. has problems with her speech, which is dysarthric. She is extremely difficult to understand and it takes her a long time to pronounce a word, almost to the point where you might think she is in a lot of pain.

On the positive side, V.S.'s cognition and vision are good and the way she deals with her disability is very admirable. She is a very pleasant person with a very nice personality. She has a very good sense of humor and likes to tell jokes. V.S. works well with those who allow her decision making and respect her need for control of her environment.

V.S. is currently receiving 4 1/2 hrs. of homemaking services through the Home Care Assistance Program for grocery shopping, laundry, and cleaning. She also needs help with meal preparation and personal care. These needs are being met by another agency.

If V.S. were not receiving homemaking services through the MRC Home Care Assistance Program and home health aide and nursing services through another agency, she would be able to continue to live in the community.

HCAP Consumer Profile #3

Frank is a consumer receiving services from the MRC Home Care Assistance Program. The MRC Vocational Rehabilitation Division in March 1997 referred him to Homecare. Frank has a spinal cord injury with incomplete C6 quadriplegia and a history of muscular dystrophy, which severely limits his mobility at home and outside of the home. He uses a walker in his home and a wheelchair outside. Frank's ability to lift, bend or use his upper or lower extremities is severely limited and he has poor stamina. MRC Homecare is providing 5 hours per week of Homemaking services including grocery shopping, meal preparation, and laundry and cleaning. With this service provided by MRC Home Care, Frank has been able to achieve his Vocational Rehabilitation goals and return to work.

HCAP Consumer Profile #4

Stephen is a 45-year-old male who has had two traumatic brain injuries in 1978. He has severe memory deficit and unsteady gait causing frequent falls and he is often unable to realize his own needs. He has seizure disorders, hypertension and cellulitis, which developed in 1996, causing open sores on his legs. When Stephen was referred to the MRC Homecare Assistance Program in 1995, he was living in a bug-infested apartment with feces on the bathroom walls and he was at risk for continued infection on his legs due to unsanitary conditions. He was quite paranoid, had six locks on the door and was at risk of eviction from his apartment and eventual institutionalization. His meals consisted of cookies and opened cans of food. His hand was seriously burned by hot grease while trying to prepare a meal. Stephen was evaluated by MRC Home Care as requiring 6 hours of homemaking services per week. In addition the apartment manager arranged to have Stephen's apartment receive a heavy cleaning to eliminate the unsanitary conditions.

Two and one-half years later Stephen is still in his apartment and are on good terms with the housing authority, which had in prior years tried to evict him. MRC Home Care and its vendors have worked with Stephen and other care givers to help him overcome many obstacles in relation to accepting help and maintaining his independence in his home. He now does his own food planning with his homemaker who shops and prepares meals in advance. His home is currently well maintained with Stephen's eager participation. His basic ADL's and self-esteem have improved tremendously along with his independence.

12. 4120-5050**Home Care Retained Revenue Account****FY '98 Funding: \$00.00****FY '99 Funding: \$00.00****FY'2000 Funding: \$1,000,000****FY '01 Current Funding: \$2,000,000**

The Home Care Assistance Program began generating federal financial participation (ffp) in 1998 by getting reimbursement for eligible Medicaid recipients. This process was recognized by the Great and General Court in this year's budget deliberation process. The Legislature determined that MRC should have access to up to \$2,000,000 of this money by establishing a retained revenue account, 4120-5050.

Increases from FY '98

FY '99 \$ -0-

FY '00 \$1,000,000

FY '01 \$2,000,000

Program Description

Unlike other programs, the Retained Revenue Account does not have a specific program description. Rather, this resource can be used to supplement the needs of the Home Care Assistance Program and other Agency needs as determined by Program demands. It has been determined this year that the \$1,000,000 available for **FY '00 was used as follows:**

- Up to \$300,000 for the Home Care Assistance Program to cover the costs of additional consumers in the Program;
- Up to \$650,000 for Turning 22 consumers assigned to the Agency by the TAC (Transition Advisory Committee). These consumers are presently being funded by federal VR funds but this is not appropriate given that none of the persons in programs meet the employment goal requirement of federal law.

It is hoped that the costs of the Turning 22 consumers mentioned above will ultimately be funded in the appropriate accounts (4120-4000 for non brain injured consumers and 4120-6000 for brain injured consumers). The concern is that funding any type of on going needs in the retained revenue account would annualize into escalating costs that would quickly consume the entire account.

FY' 2001 use as follows:

Up to \$760,000.00 is available for the Homecare Assistance Program to cover the costs of additional consumers receiving services from that program.

Up to \$625,000.00 for Turning 22 consumers who are assigned to the agency.

The remaining \$155,000.00 is being utilized for Supported Employment Services which is beginning to generate FFP for the SES program, this year.

The Agency is also working on the development of other revenue streams from the Brain Injured Services through SHIP. It is hoped that these resources will also be authorized to contribute their revenue to this account when funding begins to occur.

13. 4120-6000 The Statewide Head Injury Program
FY'98 Funding Base Year: \$6,682,667
FY'99 Funding: \$6,691,328
FY'2000 Funding: \$6,785,820
FY'2001 Funding: \$6,923,277*
Total 3 Year Increase from FY'1998 Base: \$0 (*includes
\$118,733 in provider salary increases and \$50,000 for a
specific provider identified by the legislature)

Increases from FY '98

FY'99 \$ - 0
FY '00 \$ - 0
FY '01 \$ - 0

Program Description

The Statewide Head Injury Program (*SHIP*) works collaboratively with other professionals and organizations both within and outside the Massachusetts Rehabilitation Commission with the intent of sharing information, expertise and resources which will further the availability and access to specialized services for people with traumatic brain injury (*TBI*). Service coordination staff work with consumers and families to assist them in planning, obtaining and coordinating the programs and services they need. Technical assistance and training is provided to professionals in the public and private sector, school systems and special educators, families and consumers.

Many of these efforts are geared toward developing the skills and knowledge necessary to better serve people with TBI at a local level.

SHIP places a high priority on program development. The focus has been on a statewide network of programs that address the unique needs of this population. The range of services and programs now available to SHIP eligible consumers include, but are not limited to, community integration programs, long-term employment supports, community-based residences and supported living services, therapeutic recreation, substance abuse treatment, and neurobehavioral programming. The final component of SHIP is the ability to purchase ancillary support services for individuals in order to help avoid institutionalization and maintain people in community settings. These services are as diverse as those we serve and are highly individualized. Some examples of ancillary services are adaptive equipment, homecare, respite, transportation, cognitive retraining, protective services, family supports and specialized evaluations.

As SHIP services have evolved over the past fifteen years, the system has considered the needs of consumers of all ages, including children, those turning 22, the aging population and the elderly. The challenge continues to be to develop a network of linkages and services to satisfactorily address this broad base of constituent needs.

SHIP has had more than 3,200 applicants since it began to provide services to brain injury survivors and their families in July, 1985. The majority of these adults lives at home with their aging parents and receives limited or no services.

Accomplished through “Expansion”

Over the years, SHIP has been successful in leveraging a tightly constrained budget and serving up to 500 survivors each year. However, these services tend to be ancillary supports and not the long-term services survivors need such as housing supports/supervision, functional skills training; meaningful daytime or leisure activities, transportation to local resources/activities/ services; and community support services to allow them to remain in their homes and communities living as independently as possible. This SHIP account has not seen any expansion money in the past 4 years. The additional funds received to date have been used for provider salary increases and to meet legislative requirements to provide funds to specific programs ultimately leaving this account at less than maintenance levels.

Ongoing Needs

The demand for SHIP services continues to grow as we receive an average of 20 - 25 new referrals each month. The only “relief” for consumers and families has been the addition of the 4120-6002 account. This funding in this account is generated by an additional charge on speeding violation citations which began in the Spring of FY’00. **It does not come from the State’s General Fund.** Although this is a new source of revenue it does not replace the need for new expansion funds in the 4120-6000 account. A large number of consumers and families would benefit from

additional appropriations which would allow SHIP to develop and provide necessary services such as housing, day services, transportation, and community supports. In order to serve additional people SHIP would need to increase its program

coordination staff who are responsible for working with these consumers and families to identify, access and monitor their individualized service needs.

14. 4120-6001 Head Injury Treatment Trust Fund
FY'98 Funding Base Year: \$250,000
FY '99 Funding: \$750,000
FY'2000 Funding: \$750,000
FY '2001 Funding: \$750,000
Total 3 Year Increase from FY'1998 Base: \$500,000

Increases from FY' 98

FY' 99	\$500,00.00
FY'00	\$0
FY'01	\$0

Program Description

The Trust Fund for Head Injury Treatment Services was established in Chapter 138 of the Acts of 1991. The fund assesses a \$125 fine against those convicted of driving under the influence or driving to endanger. Although exact figures are not available, it is well known that a large percentage of traumatic brain injuries are a result of motor vehicle related incidents. These are accidents where alcohol or drugs were involved therefore it is felt that those who have caused these "accidents" should contribute to a fund that would support their victims.

There are a wide range of cognitive, physical and behavioral impairments that are associated with this disability that will require life long services and supports. These services are costly and are often not reimbursable through third party payers because they are community-based as opposed to medically related needs. Services such as structured day programs, respite care, transportation, adaptive equipment, home modifications, substance abuse treatment, cognitive retraining, case management and others do not fit into a medical model of service delivery. Yet, the availability of the services will strengthen family systems thereby preventing crisis that result in institutionalization which ultimately costs the Commonwealth and its taxpayers much more money.

This account was activated for the first time in the FY'97 budget and is fully funded from the Head Injury Treatment Trust Fund.

Accomplished Through “Expansion”

The increase in access to this Trust Fund occurred in FY’99 at which time the number of consumers and families benefiting from these services doubled. It is important to note that one-third of this account is legislatively mandated to serve two individuals in Western Massachusetts. In addition this account has been maintained at the same level for the past three fiscal years. Therefore no additional people have been able to access services during this time. Increased access to this revenue is needed to address the needs of approximately 1,500 people with TBI who are waiting for services from SHIP.

15. 4120-6002 Head Injury Services Trust Fund
FY 1999 Funding Base Year: \$0
FY’2000: \$462,450*
FY’2001 Funding: \$2,000,000
Total 2 Year Increase from FY’1999 Base:
\$2,000,000
***(\$250,000 was not transferred into this account until the**
end of the fiscal year and therefore not available for
consumer services)

Increases from FY’ 98

FY’99	N/A
FY’00	\$462,450
FY’01	\$2,000,000

Program Description

The majority of individuals with traumatic brain injury is living at home with their families/significant others and receives little if any services. To date SHIP has received over 3,900 referrals which does not begin to represent the extent of this disability. In 1990 an estimated 28,000 people were injured seriously enough to result in death or require hospital-based care. For every death there is nine people who survive and are discharged home or to other health care facilities. This new account is seen as an opportunity to begin to reach out to these individuals and aging families by providing residential opportunities in the community which are presently limited due to restrictions in the Trust Fund expenditures as well as maintenance funding in the SHIP account.

Accomplishments and Future Needs

These funds have been used to provide expanded services to people eligible under the SHIP program however they do not come from the General Fund but through a speeding violation fine. These dollars could be fully committed within the next two fiscal years if SHIP were allowed full access through a higher appropriation cap. Yet even with full access there would continue to be a lengthy waiting list for services through SHIP. The development of this revenue base is not associated with Blue Book advocacy efforts.

These funds have allowed SHIP to begin new residential programs as well as provide community supports for those living at home for up to an additional 70 people. Once these commitments have been made however they must be annualized and are no longer available to any other wait list consumers. This fund is expected to be able to generate approximately \$5 million annually.

Ongoing Needs in all SHIP Accounts

SHIP's waiting list continues to grow but there is no corresponding growth in our base appropriation (4120-6000). The needs of these individuals can not be met within the present limitations of our other funding mechanisms (4120-6001 and 4120-6002).

In order to begin to aggressively address the needs of this population the following is necessary:

4120-6000: A total of more than \$18 million is needed to serve an additional 500 people.

4120-6001: The cap on appropriations must be lifted allowing SHIP to access all available funds. In addition the language of this Trust Fund must be amended to strike the term "non-recurring" services.

4120-6002: The cap on appropriations must be lifted to allow SHIP to access all available funds.

And finally, administrative and staffing costs must be added to these accounts to allow this department to accomplish this challenging mandate.